

PREA Facility Audit Report: Final

Name of Facility: Hampshire County Regional Lockup

Facility Type: Lockups

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: AMY JO FAIRBANKS	Date of Signature: 04/26/2022

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	09/30/2021
End Date of On-Site Audit:	10/01/2021

FACILITY INFORMATION	
Facility name:	Hampshire County Regional Lockup
Facility physical address:	205 Rocky Hill Road, Northampton, Massachusetts - 01061
Facility mailing address:	PO BOX 7000, NORTHAMPTON, - 01060

Primary Contact	
Name:	Jake McCormick
Email Address:	jake.mccormick@hsd.state.ma.us
Telephone Number:	413-582-7707

Sheriff/Chief/Director	
Name:	Patrick J. Cahillane
Email Address:	patrick.cahillane@hsd.state.ma.us
Telephone Number:	413-584-5911

Facility PREA Compliance Manager	
Name:	Bryan Luszczki
Email Address:	bryan.luszczki@hds.state.ma.us
Telephone Number:	M: 413-584-5911

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	6
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-78
Facility security levels/detainee custody levels:	Maximum
Does the facility hold juveniles or youthful detainees?	No
Number of staff currently employed at the facility who may have contact with detainees:	157
Number of individual contractors who have contact with detainees, currently authorized to enter the facility:	0
Number of volunteers who have contact with detainees, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Hampshire County Sheriff's Office
Governing authority or parent agency (if applicable):	Commonwealth of Massachusetts
Physical Address:	205 Rocky Hill Road, Northampton, Massachusetts - 01061
Mailing Address:	PO Box 7000, Northampton, Massachusetts - 01061-7000
Telephone number:	413-584-5911

Agency Chief Executive Officer Information:	
Name:	Patrick J. Cahillane
Email Address:	patrick.cahillane@hds.state.ma.us
Telephone Number:	413-584-5911

Agency-Wide PREA Coordinator Information

Name:	Jake McCormick	Email Address:	jake.mccormick@hsd.state.ma.us
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-09-30
2. End date of the onsite portion of the audit:	2021-10-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Regional SANE Coordinator, JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	4
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	157
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	2
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Only two residents were at the facility at the time of the audit, one female, one male. Both were interviewed.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse or sexual harassment allegations.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual abuse or sexual harassment allegations.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no sexual abuse or sexual harassment allegations.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.111 Zero tolerance of sexual abuse and sexual harassment

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- HSO 7.5.13 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking
- HSO 7.4.4, Chain of Command/Organization Chart
- Interaction with the Sheriff/Superintendent
- Interview with the PREA Coordinator
- Memo appointing the PREA Coordinator
- Memo appointing the PREA Compliance Manager
- Interview with the PREA Compliance Manager
- Observations during the audit
- Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ)

(a) HSO 7.5.1, Updated May 2021, Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking emphasizes a zero tolerance for all forms of sexual abuse and sexual harassment. It addresses prevention, detection and response to allegations of sexual abuse and sexual harassment and a description of how the facility will address prevention, detection and response. It notes that employees may be subject to disciplinary sanctions up to and including termination. Policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment (Zero Tolerance of Sexual Abuse/Harassment) and sanctions for those found to have participated in prohibited behaviors (Code of Offenses). The complete policy is fourteen (14) pages and documents in detail how the agency will comply with all the PREA standards and are additionally noted throughout this report.

(b) HSO 7.5.1, Updated December 2021, Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states

ROLES AND RESPONSIBILITIES:

A. The PREA Coordinator shall: 1. Develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

B. The Human Resource Coordinator (HRC) shall: 1. Coordinate with the facility Training Officer and PREA Coordinator to issue, update and advise agency personnel on how to implement the statewide Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking Policy. 2. Disseminate informational materials for all employees, inmates, vendors, volunteers, visitors, contractors, etc.

C. The Sheriff/Facility Administrator or Designee Shall: Ensure that the HSO establishes and implements a zero-tolerance, sexual abuse and sexual harassment domestic violence and stalking policy based on the guidelines set forth by Executive Order No. 491 and the Commonwealth's Human Resources Division.

HSO 7.4.4, Chain of Command/Organization Chart additionally confirms the HSO has designated an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The chart reflects that the PREA Coordinator reports directly to the Assistant Deputy Superintendent, who reports directly to the Assistant Superintendent.

Letter appointment PREA Coordinator effective April 2019. In it, the Sheriff's confirms that he will afford him the appropriate time and authority to develop, implement and oversee agency efforts to comply with PREA standards.

Interview with the Coordinator verified to the auditor that he has the time and authority to manage PREA related duties. During the audit, the Sheriff/Superintendent demonstrated support for the PREA Coordinator and commitment to the goals of preventing sexual abuse and sexual harassment several times during the audit, showing an active interest towards the audit. He confirmed that he is on the LGBTQI Commission for the Commonwealth of Massachusetts which helps him remain informed of current trends and processes for ensuring this population is appropriately treated.

The Sheriff has appointed a PREA Compliance Manager (PCM). In a memo dated June 8, 2021, he appoints a PREA Compliance Manager noting his duties will be to meet, maintain compliance and work in conjunction with the PREA

Coordinator. In the memo, the Sheriff confirms he will be given sufficient time and authority to coordinate efforts towards complying with the PREA standards. The PCM held this position with the previous Sheriff and therefore brings experience to the operation in the efforts to comply with prevention, detection, and response to sexual abuse and sexual harassment.

During the interview with the PCM, he confirmed that he is actively involved in helping to prevent, detect and respond to PREA. He typically works the night shift and is able to help ensure all efforts are supported during that time. He states his schedule is flexible if needed during other hours to work on these efforts.

Finding of compliance is based on the following: Interviews with the Sheriff, Superintendent, PREA Coordinator and PREA Manager all demonstrate a commitment to compliance with all PREA standards. Observations made during the audit process which include the interaction with all levels of staff by the PREA Coordinator and PCM and with the inmate population showed that the PREA Coordinator is keenly involved with the overall operations of the jail. In accordance with the FAQ clarification, issued by the DOJ, the PREA Coordinator does have access to the Sheriff/Superintendent, and Assistant Superintendents and demonstrated to the auditor his influence in managing PREA related duties as well as access to all areas of the facility. Policies clearly support compliance with the standard as quoted earlier. The auditor finds sufficient evidence to support a finding of compliance.

115.112	Contracting with other entities for the confinement of detainees
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Memo non-applicability confirming no contracts · PAQ <p>The PAQ indicated that there is no contract for the confinement of inmates since the last PREA audit. The facility reports it does not contract for the confinement of inmates with private agencies or other entities. The auditor found no reason to dispute this during the audit process. Therefore, the standard is deemed not applicable.</p>

115.113	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1422 813" style="list-style-type: none"> <li data-bbox="240 329 858 356">· HSO 2.1.12 Workload Requirements/Shift Relief Factor <li data-bbox="240 387 632 414">· Deviation from Staffing Plan form <li data-bbox="240 445 715 472">· Interview with the Sheriff/Superintendent <li data-bbox="240 504 675 530">· Interview with the PREA Coordinator <li data-bbox="240 562 655 589">· Staffing Analysis 2018, 2019, 2020 <li data-bbox="240 620 683 647">· Randomly requested Staffing Rosters <li data-bbox="240 678 786 705">· Interviews with Supervisors (Major and Captain) <li data-bbox="240 736 1422 763">· Observations of direct supervision and video supervision of all detainees housed in the Regional Lockup facility. <li data-bbox="240 795 549 822">· Random staff interviews <p data-bbox="240 846 1489 972">The PAQ indicates that the average daily population since the last PREA audit is 164. The pandemic has resulted in a recent temporary reduction of the inmate population. However, the staffing plan is predicated on an inmate population of 200. With the efforts made at the agency to protect inmates from the coronavirus, the population has been reduced as reflected in the count on the day of the audit.</p> <p data-bbox="240 1003 1270 1030">(a)The interview with the Sheriff/Superintendent and review of the staffing plan confirmed the following:</p> <ol data-bbox="240 1061 1473 2161" style="list-style-type: none"> <li data-bbox="240 1061 1473 1122">(1)The facility has been maintaining accreditation status through the American Correctional Association (ACA) and National Commission on Correctional health (NCCHC). The auditor reviewed both reports when conducting this audit. <li data-bbox="240 1153 719 1180">(2) There are no judicial findings of inadequacy; <li data-bbox="240 1211 1007 1238">(3) There are no findings of inadequacy from Federal investigative agencies; <li data-bbox="240 1270 1422 1361">(4) There are no findings of inadequacy from internal or external oversight bodies; The auditor was informed that the Massachusetts Department of Corrections conducts audits twice yearly to analyze and assess operations. The auditor reviewed the most recent report in conjunction with conducting this audit. <li data-bbox="240 1393 1422 1485">(5) All components of the facility's physical plant are reviewed. Video monitoring is used; specific information regarding placement of cameras was reviewed during the audit. Specifically, the auditor was provided a copy of the facility's vulnerability assessment, demonstrating that proactive efforts are made to identify needs to improve safety. <li data-bbox="240 1516 1461 1608">(6) The composition of the inmate population has been the same for several years, with the exception of the closing of the minimum custody operation. Additionally, staff indicated that the trend is towards a decrease in sentenced inmates and an increase in pre-trial offenders. <li data-bbox="240 1639 1453 1702">(7) The number and placement of supervisory staff has been reviewed and determined to be adequate. Review of rounds and staffing occur regularly. <li data-bbox="240 1733 1473 1825">(8) Institution programs occurring on a particular shift has a detailed evaluation of the time and days of the programs occurring. It was acknowledged that when volunteer services resume, the current staffing plan is still considered safe to the operation of more evening programs. <li data-bbox="240 1856 1473 1948">(9) Any applicable State or local laws, regulations, or standards are reviewed. The Sheriff discussed with the auditor that changes that were implemented with the 2018 Crime Reform Act that affected restrictive housing, medication administration for substance abusers, treatment of transgenders and other areas. <li data-bbox="240 1980 1473 2105">(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse are addressed. This is analyzed in the Annual Report. It was reported there have been no allegations for the last two years. The facility maintains risk assessments to continue to work towards proper place of inmates based on the assessment to further prevent sexual abuse and sexual harassment. <li data-bbox="240 2136 751 2163">(11) No other relevant factors have been identified.

Review of the staffing plans for 2018, 2019 and 2020 confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this. During the audit, the auditor observed that the facility has few blind spots, camera coverage is excellent. The physical plant has remained the same. The staffing plans includes coverage for the Regional Lock Up facility.

(b) The facility has a form entitled, Deviation from Staffing Plan. Examples from 6/1/2021 for each shift was provided with the pre-audit documentation. The facility indicated on the PAQ that when the staffing plan has deviations, it has been due to units closed, and needs for staff to assist in other areas (i.e.. Lock Up Facility, etc.) To further review compliance, the auditor randomly requested and received staffing rosters for all three shifts for the 6th of each month for the previous four month.

These documents demonstrated to the auditor that the facilities does document deviations from the staffing plan and staffing is maintained as reported.

(c) Policy, interviews with the Superintendent and the PREA Coordinator and review of the staffing plan for the last years supported compliance with the provision. Review of the staffing plans for confirmed that video monitoring, number and placement of supervisors, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and resources are reviewed annually. No changes were implemented, the auditor supports that the analysis was credible to conclude this.

(d) Additionally, at the Lock Up, all detainees are housed separately in single rooms, under direct and video observation. No additional security is needed to ensure heightened security.

Finding of compliance is based on the following: Review of the policies, staffing plans, and random selection of rosters which support compliance. Interviews with staff such as corrections officers, supervisors, Sheriff and PREA Coordinator all supported compliance with all aspects of the provisions. Overall observations during the audit process revealed sufficient staff were present.

115.114	Juveniles and youthful detainees
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="229 318 1509 416" style="list-style-type: none"> <li data-bbox="229 318 1509 358">· Memo on non applicability <li data-bbox="229 358 1509 416">· Part I, Title XVII, Chapter 119 and Section 58 <p data-bbox="229 416 1509 613">Part I, Title XVII, Chapter 119 and Section 58 effective September 2013 requires offenders under the age of 18 to be confined to the Department of Youth Services, this is referred to as the Raise the Age Bill. During the audit, neither auditor saw nor heard anything to dispute that no youths are housed at this facility. As noted in the facility description, there are two holding cells that could be used for placement of a youthful offender out of sight and sound. During the audit they were used for storage as they had previous housed youthful offenders prior to the change in the law.</p> <p data-bbox="229 613 1509 707">Finding of compliance/non-applicability is based on the following: The law prevents the facility from housing inmates under the age of 18 yrs. old. Observations confirm this to be true and therefore deemed not applicable.</p>

115.115	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 2.3.3 Inmate Search/Body Cavity/Strip Searches · 2.1.8 Resident Supervision · 2.1.1 Master Control Center, Communications and Surveillance · Training Curriculum – Searches · Documentation showing all staff trained · Electronic logbook entries noting “PREA Announcement” · Interviews with random staff · Interviews with random inmates · Observation of the Strip Search Log · Observations of video monitoring · PAQ · Frequently Asked Questions - Clarification of Application to PREA Standards Provisions (FAQ) <p>(a) The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of inmates, no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. In accordance with the 2018 Crime Reform Act, a transgender/intersex inmate can request a search of the gender identification. Based on inmate interviews and reports by staff, a request for a pat search/strip search by female offices has not occurred. The auditor found this credible during the audit process, especially as there are no transgender/intersex inmates housed at the facility at the time of the audit.</p> <p>The following policy excerpts support compliance with subpart (a)</p> <p>2.3.3 Inmate Search/Body Cavity/Strip Searches</p> <p>The HJHC shall not conduct cross gender strip searches or cross gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>(b) This is not applicable to this facility; only male inmates are housed at this facility.</p> <p>(c) As stated, the facility does not house female inmates. Policy excerpts below support compliance with subpart (c):</p> <p>2.3.3 Inmate Search/Body Cavity/Strip Searches</p> <p>The Facility shall document all cross-gender strip searches and cross gender visual body cavity searches and shall document all cross gender pat-down searches of female inmates by male staff.</p> <p>During the onsite audit, the auditor was shown where the Strip Search log is maintained showing same gender Strip Searches. This provided evidence that exigent searches would be documented.</p> <p>(d) The following policy excerpt supports compliance with this standard.</p> <p>2.1.8 Resident Supervision</p> <p>The HJHC ensures that inmates may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. 115.15 (d)-2</p> <p>The Officer in Charge of a housing unit(s) or area(s) shall: Ensure that inmates are able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in</p>

exigent circumstances or when such viewing is incidental to routine cell checks.

Gender Announcements 1. The following announcement will be made, via public address, at the beginning of each shift: a. Male and female personnel working in the area. A log entry will be made on the housing area Shift Log annotating the time of the announcement and the following entry: PREA Announcement. b. When entering a unit that does not already have a female staff member present, female staff are required to verbally announce their presence on the unit. This announcement shall be; "female on the unit". 2. When the status quo of the gender-supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds.

2.1.1 Master Control Center, Communications and Surveillance confirms in policy that the cameras are not used to invade privacy, nor are they a substitution for staff.

All random staff interviews and random inmate interviews confirmed that this announcement is made every time a female staff enters the unit. And, that inmates are able to shower, use the toilet and change clothes without being seen in using the toilet, showering or changing clothes.

During the tour, the auditor observed the showers located in the individual housing units. As stated in the Facility Description, the showers in SMU, ASU and general Population rooms have individual shower stalls with curtain to provide privacy but maintain the ability to view sufficiently to ensure safety. For the multiple occupancy housing units, the showers are located in the back area of the bathroom. Barriers are located between each shower head and curtains maintain privacy while affording security staff the ability to determine safety. Additionally, during the tour the auditor observed the area where strip searches are conducted in Intake. It provided appropriate privacy for the inmate during this process. During the tour, the auditor and escort team was announced prior to entering the unit; this did not appear to be odd based on the observations of the inmates in the unit at the time.

The auditor viewed the monitoring station for the camera system and found no view that afforded a female staff to view inmates unclothed.

(e) As stated in 2.1.1 Master Control Center, Communications and Surveillance, transgender or intersex offenders are not searched or physically examined to determine genital status.

All staff interviews supported that they were knowledgeable regarding this requirement of the standard and this has not occurred at this facility. The interview with the transgender inmate supported compliance with this provision.

(f) The auditor reviewed the training curriculum for pat searches. It addresses when searches are to be conducted, searches of transgender/intersex inmates are to be professional, respectful and in the least intrusive manner possible, consistent with security needs, techniques for conducting cross-gender searches, noting a second officer should be present, re-emphasis of not conducting cross-gender pat searches unless there is an exigent circumstance, a female officer searching a male inmate, and a male officer searching a female inmate. The Training Curriculum additionally states, Operationally, three options are in current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) searches conducted by female staff only, especially given there is no prohibition on the pat-searches female staff can perform (except in juvenile facilities); and 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search. This supports compliance with the FAQ issued December 2016 which indicates clarification for searches of transgender/intersex inmates.

Training documents were provided demonstrating that search training is conducted in orientation. Records provided demonstrate that staff have received training on cross gender searches since the change in the state law. All staff interviews support attendance at the training, knowledge and compliance of the techniques provided in training.

Finding of compliance is based on the following: Policies which support compliance, staff interviews demonstrated knowledge of these requirements from training received, the training curriculum, training records, and overall observations made during the audit process. In accordance with FAQ clarifications, policy was updated to allow a transgender/intersex incarcerated in individual to designate the gender of the staff to pat search in accordance with the inmates preferred gender. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches. The auditor is finding this facility is compliant with this standard.

115.116	Detainees with disabilities and detainees who are limited English proficient
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 775 815" style="list-style-type: none"> · 4.3.1 Access to Care, Initial Medical Screening · Observations during the tour · Interview with the Sheriff · Interviews Inmates/detainees LEP or disabled · PREA Training Curriculum · Random staff interviews · PAQ · Translation Service Memo · Detainee Information – English and Spanish <p data-bbox="242 844 922 873">The following policy excerpt supports compliance with this standard:</p> <p data-bbox="242 902 1485 1498">4.3.1 Access to Care, Initial Medical Screening states, the HJHC shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the HJHC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the HJHC shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The HJHC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The HJHC shall take reasonable steps to ensure meaningful access to all aspects of the HJHC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The HJHC shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under § 115.64, or the investigation of the inmate’s allegations.</p> <p data-bbox="242 1527 1477 1722">The facility identifies and documents inmates with disabilities as evidenced by the list provided to the auditor to assist with picking targeted inmates for interviews. Additionally, limited English inmates are identified at intake. The Translation Service Memo provided to the auditor demonstrates how three options are available for interpretation. During random staff interviews, many staff, including the intake sergeant, are aware of the availability of the services if their use is needed. Interviews with targeted inmates/detainees yielded no concerns to the auditor regarding compliance with these requirements.</p> <p data-bbox="242 1751 1453 1912">The PAQ reports that there have been no instances where an inmate/detainee was used to interpret during a PREA investigation in the previous 12 months. The auditor found no reason to dispute this fact during the audit process. All staff interviews confirmed that another inmate/detainee would not be used to interpret for an inmate/detainee making a PREA allegation or any part of the PREA requirements (intake, investigation, etc). Detainee information is posted in English and Spanish.</p> <p data-bbox="242 1942 1382 2038">Review of the policies and other documents noted above support that the facility takes appropriate steps to ensure meaningful access to all aspects of the agency’ efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p>

115.117	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 331 1082 757" style="list-style-type: none"> · 7.2.3 Internal Affairs/Background Check · Observations · Interviews Human resource staff · Interview with the investigator (who conducts background checks) · Employment Application · Documents - Personnel files of those hired or promoted in the past 12 months · Documentation of staff and contractor background checks · PAQ <p data-bbox="240 788 1430 846">The PAQ indicates that seven staff have been hired who may have contact with inmates in the previous twelve months. There are six contracts for services.</p> <p data-bbox="240 878 906 904">(a)(b) 7.2.3 Internal Affairs/Background Check states the following:</p> <p data-bbox="240 936 1490 1361">The HJHC conducts a pre-employment background investigation check on all new employees, contractors, and volunteers prior to assuming their duties in accordance with state and federal statutes, in order to ascertain whether there are criminal convictions, which have a specific relationship to job performance. This record will include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency. The HJHC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The HJHC shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1393 395 1420">PROCEDURE:</p> <ol data-bbox="240 1451 1497 2123" style="list-style-type: none"> 1. Before hiring new employees, the HJHC shall: <ol data-bbox="240 1509 1497 1662" style="list-style-type: none"> a. Perform a criminal background records check; and b. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 2. The HJHC shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. 3. The HJHC shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. 4. The HJHC shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph 3 (a-c) under the Policy statement above, in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The HJHC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. 5. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

6. Unless prohibited by law, the HJHC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

7. Due to the sensitive nature of operations of a correctional facility, appropriate steps are necessary to insure: a. Accuracy of information furnished on application and/or interview and b. Evaluation of criminal record.

8. Prospective employees shall be asked to sign a waiver for the background information check and shall submit to fingerprinting and identification forms.

9. A request for background information is made by authorized staff through the LEAPS NCIC computer to the probation and Triple III files (state & national). The results are relayed to us via printer to authorized staff.

10. If a background check indicates a prior record, the Sheriff shall determine whether or not to hire the person depending on the severity of the offense. A criminal record shall not bar employment automatically but must be evaluated in relation to the seriousness of the offense and its probable effect upon job performance.

The auditor reviewed the Confidential Employment application. It states, Any false statement or omission shall be subject an applicant to disqualification from further consideration for employment and shall be considered justification for immediate dismissal if discovered at a later date. It requires an employment history. Applicants are asked to answer the questions noted in provision (a) and (b) and again notes that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination (g). The applicant signs agreeing to a Criminal Background Record Information (CORI) check.

(c)The auditor reviewed personnel files for three newly hired employees. They reflected that a background check was completed, the three questions were asked, the application is signed noting that material omissions or false information is grounds for failure to get hired and/ or terminated if later discovered. The application process specifically asks all applicants to answer these questions. They contained information demonstrating that a background check of employers was conducted, including one employer who worked previously for a correctional entity. They provided documentation showing that a criminal background check was conducted. The interview with the HR Manager confirmed this additionally, providing the auditor with the document used to ensure these questions are asked of candidates.

Interview with the Human Resource Director indicates that they had not had a candidate with a history of sexual harassment which required consideration. She indicated that the applicant is asked during the initial interview.

(d) (e) Documentation was provided that all employees, newly hired, contractual and status, have had a background check within the current year, as they report this is done annually, in addition to when hired.

(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility provided written assurance that the questions in provision (a) will be asked of any promotional candidate. Through policy, the employee is informed that he/she has a continuing affirmative duty to disclose any such misconduct. The auditor randomly requested and received documentation of signing for receipt for employees with the last name beginning with D, M and T.

(h) Per the interview with the Human Resource Director, their office can provide information to another agency about a prior employee. Upon receipt of a release of records, this information would be addressed by providing a copy of the personnel file. Otherwise, they can provide the dates of employment and can acknowledge there is an investigation.

Finding of compliance is based on the following: Policy, interviews with the PREA Coordinator, Human Resource Director, investigator, and review of documentation from personnel files supported the auditor's finding of compliance.

115.118	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Observations · Interviews Sheriff/Superintendent · PAQ · Vulnerability Assessment/ Diagram with camara locations <p>The PAQ indicates the facility has not acquired any new facilities and has not made any expansions or modifications of existing facilities to the Regional Lockup since the last PREA audit.</p> <p>The interview with the Sheriff/Superintendent and PREA Coordinator supports that the facility would consider the effect of upgrades and video monitoring towards enhancing the ability to protect inmates from sexual abuse. Observations of the Regional Lockup provided assurance to the auditor that it has excellent physical plant conditions, single cells separated by three wings, and excellent video coverage, complete coverage from the time a detainee enters to the time he/she leaves, with appropriate blocking of areas to ensure compliance with 115.115.</p>

115.121	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2 Criminal and Administrative Investigations · PAQ · Interview with the Investigator · Investigator Training curriculum – SAIT · Contract with the Hospital · Interview with Regional SANE Coordinator · Qualified staff member, license social worker · PREA Kit, PREA Response Kit Checklist · Chain of Evidence Form <p>The PAQ indicates there have been no forensic medical exams, no SANE/SAFE exams nor exams performed by a qualified medical practitioner during the previous twelve months.</p> <p>(a) To assist with ensuring that a uniform evidence protocol is used, the facility maintains a PREA Response Kit and checklist of contents. Additionally, they have developed a Chain of Evidence Form.</p> <p>(b) Investigators were trained in conjunction with the Massachusetts Department of Corrections Sexual Assault Investigation Training. Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee.</p> <p>(c)(d) (e) 6.3.2 Criminal and Administrative Investigations states, Evidence protocol and forensic medical examinations: a. To the extent the HJHC is responsible for investigating allegations of sexual abuse, the HJHC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. The HJHC shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The HJHC shall document its efforts to provide SAFEs or SANEs. (Refer to Disorder Management Reaction Plan #15 Sexual Assault/Abuse Response Plan). The HJHC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the HJHC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. The HJHC will document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The HJHC may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. e. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the HJHC itself is not responsible for investigating allegations of sexual abuse, the facility shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The requirements of paragraphs (a) through (f) of this section shall also apply to: i. Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and ii. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.</p> <p>For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual</p>

assault and forensic examination issues in general.

Evidence Protocol and Forensic Medical Examinations are based on the Sexual Assault Investigator Certification Curriculum, Municipal Police Training Committee. Per the interview with the Massachusetts Regional SANE Coordinator, this program is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", most current version. Additionally, she confirmed that hospitals are prepared to conduct SANE exams. Qualified examiners are contacted to respond; she indicates they have not had a problem with securing this type of exam. Additionally, she indicated that it is an automatic referral to a qualified rape crisis center to secure an advocate. Qualifications of this person are overseen by the Massachusetts Department of Public Health. This information was also verified through researched on the internet.

The excerpt from policy below supports compliance with the requirements of subpart (d) indicating the facility will attempt to make available a victim advocate. Additionally, the facility has a qualified staff, a licensed social worker, who would be willing to accompany the inmate if requested.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. (g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Finding of compliance is based on the following: Policy excerpts, review of investigations and interviews with the investigator support compliance. A PREA kit is available to help process evidence appropriately. Staff interviews supported that staff were aware of the requirements and actions needed to preserve evidence.

115.122	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 454 239">Auditor Discussion</p> <p data-bbox="242 271 1284 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 790 701" style="list-style-type: none"> · 6.3.2 Criminal and Administrative Investigations · Observations · Massachusetts State Police website · Interviews Sheriff/Superintendent · Interviews Investigative Staff · Documentation of investigations · PAQ <p data-bbox="242 730 1460 790">The PAQ indicates there have been zero allegations resulting in administrative investigations and zero resulting in criminal investigations in the past 12 months.</p> <p data-bbox="242 819 1476 1014">The Massachusetts State Police addresses evidence and processes it at the State Police Crime Lab. The auditor found on the website the following: Furthermore, the Massachusetts State Police website states, The Massachusetts State Police (MSP) has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind towards any detainee while in State Police custody. All detainees have equal rights to safety, dignity, and justice and have the right to be free from sexual abuse and sexual harassment. Lock up facilities under their supervision have been certified compliant with PREA which further reinforces compliance with the standard.</p> <p data-bbox="242 1043 1460 1072">(a) (b) 6.3.2 Criminal and Administrative Investigations states, Policies to Ensure Referrals of Allegations for Investigations</p> <p data-bbox="242 1102 1476 1162">a. The HJHC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 1191 1460 1319">b. The HJHC shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The HJHC shall publish such policy on its website or, if it does not have one, make the policy available through other means.</p> <p data-bbox="242 1348 1476 1476">c. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="242 1505 1492 1568">Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="242 1597 1444 1657">Review of policy, as well as interviews with the staff support that any suspicion or knowledge of sexual abuse, sexual harassment, neglect, or retaliation will be reported to the supervisors through to the shift commander to the investigators.</p>

115.131	Employee and volunteer training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · 7.2.5 Employee, Contractor & Volunteer Orientation · Staff training records · Training curriculum · Observations · Interviews Random staff · PAQ · FAQ <p>The PAQ indicates that all employees who have contact with inmates who were trained on PREA requirements as outlined in the provision.</p> <p>7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking states,</p> <p>STAFF TRAINING: All HSO employees shall receive orientation training in Domestic Violence and Sexual Abuse/Assault Awareness. At a minimum, the orientation training shall include a definition of sexual abuse, assault, harassment, domestic violence, and stalking and how it affects the workplace, pertinent laws, Department policies and procedures and available resources and services. 28 CFR Part 115.31 Employee Training; 115.32 Volunteer and Contractor Training (Refer to HSO 7.2.5 New Employee/Contractor/Volunteer Training) and 115.33 Inmate Education.</p> <p>7.2.5 Employee, Contractor & Volunteer Orientation states,</p> <p>PREA Training and Education for Employees</p> <p>The HJHC shall train all employees who may have contact with inmates on: (a) Its zero-tolerance policy for sexual abuse and sexual harassment; Refer to HSO 7.5.13 Zero Tolerance (b) How to fulfill their responsibilities under HJHC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) Inmates' right to be free from sexual abuse and sexual harassment; (d) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) The dynamics of sexual abuse and sexual harassment in confinement; (f) The common reactions of sexual abuse and sexual harassment victims; (g) How to detect and respond to signs of threatened and actual sexual abuse; (h) How to avoid inappropriate relationships with inmates; (i) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (2) Such training shall be tailored to the gender of the inmates at the HJHC. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the HJHC shall provide each employee with refresher training at least every two years to ensure that all employees know the HJHC's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The agency shall document, through employee signature or electronic verification that employees understand the training they have received. Refer to HSO 7.3.3 Acknowledgement of Employee Rules.</p> <p>The auditor was provided with the training curriculum (Power Point). There are 134 slides total. The training curriculum addresses the following:</p> <ul style="list-style-type: none"> · History of the law · Definitions of PREA · Zero tolerance · Implications of sexual abuse

- Review of the policy, staff (contractor and volunteer) and inmate abuse
- Prevention
- Inmates Right to be free from Sexual Abuse and Sexual Harassment
- How to fulfill responsibilities regarding sexual abuse, sexual harassment and all PREA-related incident – prevention, detection and response
- Data collection
- Unannounced rounds/prohibition from alerting staff
- Inmate Education
- Searches
- Use of restrictive housing
- Inmates who are disabled, LEP
- Hiring and Promotions
- Privacy enhancement for inmates/opposite gender announcement
- Risk screening tools
- Inmate education
- Reporting procedures, including third party and anonymous/sources of PREA complaints
- Dynamics of abuse and harassment in confinement/ who is at risk
- Red flags
- Common reactions of abuse victims
- Coordinated response Plan
- Investigations and Evidence
- Avoidance of inappropriate relationships
- Interpersonal skills with inmates including non-gender conforming inmates
- Relevant laws

Review of the training curriculum concluded that both male and female victims are addressed. The Regional Lockup can hold both male and female detainees. The auditor was provided documentation of Refresher to All Exchange Users: guidelines for Asking About LGBTQ Status March 2019, LGBTQ August 21, 2019, Real Steps LGBTQ Advocates can take, Transition Related Health Care. The auditor was provided Acknowledgement of Receipt of Training for 2020 In-service training which included PREA training for 135 staff from 2020. The acknowledgement states I hereby acknowledge that I have received, will read and understand and abide by all training contained in this package.

All Interviews with the random staff demonstrated to the auditor a thorough understanding of PREA, including the required topics. The auditor confirmed that volunteers are not utilized at the Regional Lock Up facility.

Finding of compliance is based on the following:

Policies support that training will be conducted at least every two years with refresher information provided annually. Review of the training curriculum demonstrates that the required topics are addressed. Documentation was provided that all staff have received the training with the acknowledgment that they understood the training. All staff have received the training.

115.132	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · Observations · PREA Poster · Interview with two detainees · Interview with inmate/detainees · Interview with contractual staff (mental health) · PAQ <p>The PAQ indicates there are ten contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Of those, only mental health contractual staff would possibly perform work duties at the Regional Lockup facility. The PAQ indicates there were 794 detainees admitted during the previous 12 months who were given this information at intake. The facility reports that inmates are not utilized to work at the Regional Facility while detainees are being held.</p> <p>7.5.13 Zero tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking, applicable to the Regional Lockup facility indicates that inmates/detainees will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. This is accomplished by informing the detainee upon arrival when being screened (observed by the auditor, confirmed by the detainee/inmate interviews) and additional information posted next to the phone.</p> <p>7.2.5 Employee, Contractor & Volunteer Orientation states,</p> <p>PREA Training and Education for Contractor & Volunteer Refer to HSO 7.5.13 Zero Tolerance. The HJHC shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The interview with the contractual staff (mental health) confirmed that he was been educated on the requirements of PREA and his role in preventing, detecting and responding to sexual abuse or sexual harassment, including zero tolerance and how to report any allegations received regarding sexual abuse or sexual harassment.</p> <p>The interview with the two detainees present during the onsite audit confirmed that they were made aware of the zero-tolerance policy. Interview with inmates who were previously detained at the Regional Lockup Facility confirmed they were made aware of PREA upon entry to the facility, or indicated they were not in a state of mind to remember. The observed information regarding PREA by the detainee telephone. The interviews with the detainees additionally indicated this.</p> <p>Based on the interview with contractual staff, information posted at the Regional Lock Up operation, interviews with inmates and detainees, and observations of intake, the auditor finds sufficient evidence to support a finding of compliance with this standard.</p>

115.134	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 7.2.17 Specialized Training PREA Investigators
- Observations
- Interviews Investigative staff
- Training completion docs all six
- Curriculum for investigators
- Regular PREA Training documentation for investigators

7.2.17 Specialized Training PREA Investigators states,

Specialized Training for PREA Investigations

1. In addition to the general training provided to all employees pursuant to HSO 7.2.5 Employee, Contractor & Volunteer Orientation, the HJHC shall ensure that, to the extent the HJHC itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.
2. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
3. The HJHC shall maintain documentation that HJHC investigators have completed the required specialized training in conducting sexual abuse investigations.
4. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The HJHC shall maintain documentation that personnel have received specialized training in conducting PREA investigations in a confinement setting.

The PAQ indicates there are six trained investigators. Certificates demonstrating completed of the specialized training was provided for all six investigators. Training is conducted with the Massachusetts Department of Correction investigator training – Sexual Assault Investigator Training (SAIT).

The auditor reviewed the training curriculum. The training curriculum addressed the following topics over a course of three days:

Introduction to Sexual Assault Investigation

Defining PREA

Evidence Protocol

Interviewing, including Miranda and Garrity

Investigative Outcomes

Documentation

Post Allegation

Training certificates were reviewed for the investigators.

Finding of compliance is based on the following: Policy supports the requirements of the standards. Review of the investigations with corresponding certificates of training supported compliance. Interview with the investigator demonstrated knowledge regarding Miranda and Garrity warnings, interviewing victims, dynamics of abuse in a confinement setting and evidence collection. Investigators are on call if needed., however the six trained investigators are by design located on different shifts. The interviewed confirmed to the auditor that they are being notified of any need to initiate investigations immediately. The interview confirmed that they also attend regular PREA training; documentation provided see 115.31.

115.141	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 746 584" style="list-style-type: none"> <li data-bbox="242 329 713 356">· Policy Directive Regional Lockup Facility <li data-bbox="242 387 603 414">· Interviews with two detainees <li data-bbox="242 445 746 472">· Documentation of intake screens completed <li data-bbox="242 504 357 530">· PAQ <li data-bbox="242 562 746 589">· List of detainees for the previous 12 months <p data-bbox="242 620 1458 678">The PAQ indicates that there were 794 detainees who were screened for the risk of sexual victimization or risk of sexually abusing others</p> <p data-bbox="242 710 1481 902">Policy Directive Regional Lockup Facility states all detainees shall be screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees. Staff shall ask the detainee about his or her own perception of vulnerability. Staff shall also consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated; and (5) The nature of the detainee's alleged offense and criminal history.</p> <p data-bbox="242 934 1497 1126">The auditor observed this screening process during the intake of a detainee during the onsite audit. The screen was conducted privately and addressed the questions required of the standard. The auditor additionally requested copies of the documentation of this screening to further provide evidence supporting a finding of compliance. The auditor interviewed two detainees who confirmed that they were asked the questions required, afforded the opportunity to make a call, believed that if needed they could request and would be allowed to make a call, and knew the options available to them for reporting as indicated on posters by the phone.</p>

115.151	Detainee reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment · Detainee Information regarding PREA · PREA Posters · Interviews inmates/detainees · Interviews random staff · MOU with Center for Women and Community · Test of hotline number <p>(a) 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment states,</p> <p>Inmate Reporting</p> <ol style="list-style-type: none"> 1. The HJHC shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. 2. The HJHC shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. 3. All persons shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. 4. The HJHC shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. 5. Inmates who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line officer. <p>Inmates are provided information regarding how to make reports in different ways at intake. All inmate interviews support knowledge of several options. Inmates have a hotline number which can be called without using a personal identification number (PIN) which goes directly to the command center. This is noted on PREA posters throughout the facility; posters are located next to the phones. Most inmates were knowledgeable regarding this number being available. The auditor tested the number from an inmate found and was successful in connecting with the facility supervisor.</p> <p>(b) The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>The MOU with the Center for Women and Community (CWC) indicates that the parties have agreed to collaborate to provide a reporting service, including anonymous, noting in the agreement that the hotline number is to be unmonitored/unrecorded. Instructions for contacting this number are located on the PREA poster that the auditor observed next to inmate phones. As noted, information regarding how to report in is the Inmate Manual issued upon arrival. Inmate interviews confirm awareness of these options.</p> <p>(c) Staff interviews confirmed that staffs are aware of this expectation and support compliance, including the reporting of suspicions to their immediate supervisor, stating that this information is well received and handled appropriately by the supervisors.</p> <p>(d) Staff interviews revealed that they could go directly to the PREA Coordinator, Sheriff/Superintendent or their union to report sexual abuse privately.</p>	

Finding of compliance is based on the following: Policy supports all requirements of the standard. Staff and inmate/detainee interviews acknowledge there are multiple methods for filing a complaint. Staff interviews support that they understand their role to report immediately any information or suspicions they have regarding sexual abuse and sexual harassment. Information provided at orientation all provided the auditor with sufficient evidence to support a finding of compliance with the standards.

115.154	Third-party reporting
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1007 528" style="list-style-type: none"> · 6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment · Facility website · Observations · Inmate Visiting and Property Information <p data-bbox="240 560 943 589">6.2.5 Inmate/Staff Reporting of Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 618 491 647">Inmate Reporting states,</p> <p data-bbox="240 676 1473 736">All persons shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.</p> <p data-bbox="240 766 1390 826">The agency website, Prison Rape Elimination Act - Northampton, MA Sheriff's Office - Hampshire County House of Corrections (hampshiresheriffs.com), has the following:</p> <p data-bbox="240 855 608 884">Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 913 1489 1113">The Prison Rape Elimination Act, otherwise known as PREA, is a federal regulation which requires the elimination, reduction, and prevention of sexual assault and rape in this facility. The Hampshire Jail and House of Correction (HJHC) supports PREA by enforcing a Zero-Tolerance Policy for sexual assault, abuse, victimization, and harassment in its facilities. This Zero-Tolerance Policy affects all of the HJHC, including every employee, contractor, volunteer, visitor, and every person under correctional supervision. Report any assaults or victimizations that are sexual in nature to a staff member, in writing, or call the toll-free hotline (413) 584-0591. Any reports will be kept as confidential as the circumstance allows.</p> <p data-bbox="240 1142 1409 1234">The interview with the Sheriff/Superintendent affirmed a commitment to establishing a method to receive third party allegations and posting the method publicly. He indicated these and all allegations will be immediately addressed. He indicated he will be notified of any such allegations immediately.</p> <p data-bbox="240 1263 1473 1355">Finding of compliance is based on the following: Policy supports the requirements of the standard, review of the website, noting how to report in the visitor guide and the support expressed by the Sheriff/Superintendent confirms there is sufficient evidence to support a finding of compliance with this standard.</p>

115.161	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 329 1241 757" style="list-style-type: none"> <li data-bbox="240 329 1241 356">· 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, domestic Violence and Stalking <li data-bbox="240 387 1185 414">· 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="240 445 440 472">· Observations <li data-bbox="240 504 544 530">· Interviews random staff <li data-bbox="240 562 707 589">· Interviews medical & mental health staff <li data-bbox="240 620 592 647">· Interview PREA Coordinator <li data-bbox="240 678 459 705">· Inmate Manual <li data-bbox="240 736 604 763">· Interview with the investigator <p data-bbox="240 790 1177 817">7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, domestic Violence and Stalking</p> <p data-bbox="240 848 1493 1140">Responsibilities of All HSO Employees states, The HSO shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Any employee who receives knowledge of sexual abuse and sexual harassment, on an inmate, employee or person in the facility, including third party and anonymous reports, must report the information to the facility's designated investigators.</p> <p data-bbox="240 1171 1193 1198">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment states,</p> <p data-bbox="240 1229 1469 1355">Staff Reporting Duties of Sexual Assault/Abuse/Harassment states, the HJHC requires all staff to report immediately and according to HJHC policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the HJHC; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1386 1481 1480">Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in HJHC policy, to make treatment, investigation, and other security and management decisions..</p> <p data-bbox="240 1512 1493 1606">Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1637 1490 1762">If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the HJHC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The HJHC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="240 1794 1490 1919">Interviews with staff revealed that staff are keenly aware of the requirement to report immediately any suspicion, knowledge or information on sexual abuse, sexual harassment, retaliation and/or staff neglect that may contribute to sexual abuse or sexual harassment. Review of the investigations and interviews with the investigators support that an immediately notification is made. Staff was also keenly aware of the requirement to maintain confidentiality after the allegation is made.</p> <p data-bbox="240 1951 1469 2112">The interviews with medical and mental health staff confirmed to the auditor their awareness that they need to report if they have any suspicions or knowledge of sexual abuse, sexual harassment, staff neglect that may led to sexual abuse and sexual harassment, or retaliation for reporting. The mental health staff indicated that limits on confidentiality are discussed with the inmate at the beginning of service when they are developing treatment goals. Medical staff indicated they are informed of this at the initial health assessment.</p>

This facility does not house inmates under the age of 18. If a vulnerable adult was to file an allegation, it was reported to the auditor that it would be referred to the ADA Coordinator/PREA Coordinator for reporting to the proper agency.

Finding of compliance is based on the following: Overall observations of the audit tasks such as the interviews with staff, including medical and mental health, investigators, and randomly selected staff support knowledge of the requirement, process and need to maintain confidentiality. The inmate handbook reflects that medical and mental health staff are mandated to report any allegations of sexual misconduct reported to them.

115.162	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Observations · Interviews Sheriff · Interview Superintendent · Interview Random staff · PAQ <p>The PAQ indicates there have been no times the facility determined that an inmate was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>When the HJHC learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>Policy, physical plant, camera monitoring and staff interviews support that the facility is prepared and willing to protect any inmate from any risk of harm.</p> <p>The interview with the Sheriff/Superintendent confirmed that an inmate at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. All staff interviews confirmed to the auditor that they would take immediate action if they believed an inmate was at imminent risk of sexual abuse. Inmate interviews illustrated to the auditor that staff are approachable. Corrections Officers and supervisors confirmed that this request would be supported, and action would be taken to protect the inmate before the believed event occurred. Based on this and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.</p>
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115.163	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Interview with Sheriff/Superintendent · PAQ <p>The PAQ indicates that zero allegations were received that inmate was abused while confined at another facility, one allegation of sexual abuse was received from another facility. However, upon investigation, the information received from another facility was outside the twelve-month reporting period.</p> <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>Reporting to Other Confinement Facilities states, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the HJHC shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The HJHC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The interview with the Superintendent supported that these notifications are made by his office within 72 hours of receipt.</p> <p>The interview with the Superintendent confirmed that any receipt of allegations that occurred at his facility will be immediately reported to the investigators for investigation.</p> <p>Finding of compliance is based on the following: The policy, review of notification forms and interview with the Sheriff and Superintendent provided the auditor with sufficient evidence to support a finding of compliance. There is a process in place to ensure the requirements of this standard are met.</p>

115.164	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="240 331 1206 757" style="list-style-type: none"> <li data-bbox="240 331 1206 358">· 4.4.14M Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="240 389 687 416">· Sexual Assault/Abuse Response Plan <li data-bbox="240 448 440 474">· Observations <li data-bbox="240 506 549 533">· Random staff interviews <li data-bbox="240 564 719 591">· Informal interviews with non-security staff <li data-bbox="240 622 571 649">· PREA Training Curriculum <li data-bbox="240 680 564 707">· PREA Sexual Assault kits <li data-bbox="240 739 357 766">· PAQ <p data-bbox="240 797 1461 851">The PAQ indicates there were zero allegations of sexual abuse that allowed for time to collect evidence. The auditor found no reason to dispute this during the audit process.</p> <p data-bbox="240 882 1123 909">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p data-bbox="240 940 1493 1267">Staff First Responder Duties 115.64 Refer to HSO Disorder Management Reaction Plan #15 1: Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="240 1299 1461 1424">The Sexual Assault/Abuse Response Plan contained in the facility's reaction plan is six pages detailing the response for immediate action, chain of command reporting, medical care, preservation of and collection of evidence, medical forensic exam if warranted, assessment of need for interpreter services, Sexual Assault Response Kits, report writing, investigation and review team.</p> <p data-bbox="240 1456 1477 1648">Finding of compliance is based on the following: Policy provides specific direction on how to respond to an allegation of abuse to ensure safety of the victim as well as how to preserve evidence. Both first responder staff and non-first responder staff attend training as required in 115.31; these requirements are reinforced in the training curriculum. The Sexual Assault/Abuse Response Plan provides direction on how to ensure evidence is preserved. All staff interviews demonstrated knowledge of the process. A PREA kit is maintained to help ensure that evidence is collected. Medical staff are available 24/7.</p>

115.165	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 331 1187 701" style="list-style-type: none"> <li data-bbox="242 331 1187 358">· 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment <li data-bbox="242 387 572 414">· PREA Training Curriculum <li data-bbox="242 443 549 470">· Random staff interviews <li data-bbox="242 499 564 526">· Observations - PREA kit <li data-bbox="242 555 632 582">· Interview Sheriff/Superintendent <li data-bbox="242 611 611 638">· Interview with Shift Supervisor <li data-bbox="242 667 580 694">· PREA Incident Report form <p data-bbox="242 730 1458 792">The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="242 822 1123 848">4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p data-bbox="242 878 1458 972">Coordinated Response: The HJHC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Refer to HSO Disorder Management Reaction Plan #15 Sexual Assault/Abuse Response.</p> <p data-bbox="242 1001 1458 1131">The Sexual Assault/Abuse Response Plan contained in the facility's reaction plan is six pages detailing the response for immediate action, chain of command reporting, medical care, preservation of and collection of evidence, medical forensic exam if warranted, assessment of need for interpreter services, Sexual Assault Response Kits, report writing, investigation and review team.</p> <p data-bbox="242 1160 1485 1388">Immediate Action Phase 1. In the event that an inmate reports being an alleged victim of a sexual assault or a victim of sexually abusive behavior, the staff member receiving such complaint shall: a. Separate the alleged victim and the alleged abuser and remove inmate(s)/victim(s) from the immediate area. b. The victim should be asked not to wash, shower use the bathroom, eat, or drink. If the inmate/victim must utilize the bathroom, ensure they use a sterile wipe. Place the sterile wipe in a paper evidence bag along with a chain of custody form (HSO Chain of Evidence). c. Secure the alleged crime scene and immediately notify the Shift Supervisor. Note: This response plan was updated to reflect that the victim is asked as the request of the auditor.</p> <p data-bbox="242 1417 1485 1579">Finding of compliance is based on the following: Policy, review of the coordinated plan, review of the training curriculum which reinforces the actions of the plan, interview with all staff who are knowledgeable regarding the plan, review of the PREA Incident Report and observations of the PREA kit all provided the auditor with sufficient evidence to support a finding of compliance. The Jail and House of Correction and the Regional Lockup are operated by the same agency. Therefore, the auditor concludes that the response and transfer to the jail operations would be seamless.</p>

115.166	<p>Preservation of ability to protect detainees from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Four union contracts · Interview Sheriff/Superintendent · Interview with a union representative <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment</p> <p>Preservation of Ability to Protect Inmates from Contact with Abusers: Neither the HJHC nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this policy shall restrict the entering into or renewal of agreements that govern:</p> <p>a. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or</p> <p>b. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The auditor reviewed the following documents and found no limits to the Sheriff's Office to remove alleged staff abusers.</p> <ul style="list-style-type: none"> · Agreement between Hampshire Sheriff's Office Treatment Association (SOTA) and Hampshire Sheriff's Office Jail and House of Correction (HSOJHC) · Agreement between Hampshire Sheriff's Office Correctional Officer and Sergeants and National Correctional Employees Union (NCEU) · HSONUCA Association for Non-Uniform Correctional Association · Senior CO <p>An interview with a union representative indicated that his union has no concern with the need to remove staff from contact pending an investigation.</p> <p>Finding of compliance is based on the following: Review of policy and review of the union agreements as well as the interview with the Sheriff and union representative support the finding of compliance.</p>
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115.167	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · 4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment · Interviews Sheriff/Superintendent · Interview with designated staff members charged with monitoring for retaliation · Forensic/Program Units Weekly Review · PREA Monitoring Form · PAQ <p>The PAQ indicates that there were no reported incidents of retaliation occurred. The auditor found no reason to dispute this during the audit process.</p> <p>7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking</p> <p>No Retaliation for Filing a Complaint or Cooperating with an Investigation:</p> <ol style="list-style-type: none"> 1. The employer shall establish a policy to protect all staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff and shall designate which staff members or departments are charged with monitoring retaliation. 2. The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 3. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 4. In the case of inmates, such monitoring shall also include periodic status checks. 5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. 6. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. <p>4.4.14 Administrative Response for Inmate Report of Sexual Assault/Abuse/Harassment additionally states,</p> <p>HJHC Protection Against Retaliation</p> <ol style="list-style-type: none"> 1. The HJHC shall protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Any allegations of sexual abuse or sexual harassment of inmates will be monitored for retaliation by the inmate's Case Manager. Any allegations of sexual abuse or sexual harassment of staff will be monitored for retaliation by the ADS Administration and/or ADS Security. 2. The HJHC employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 3. For at least 90 days following a report of sexual abuse or sexual harassment, the HJHC shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment and of inmates who were reported to have suffered sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the HJHC should monitor include but are not limited to: i.

Inmate disciplinary or informational reports, ii. Housing, or program changes, iii. Negative performance reviews or iv. Reassignments of staff. v. The HJHC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

4. In the case of inmates, such monitoring shall also include periodic status checks and be documented in the inmates Case Notes.

5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the HJHC shall take appropriate measures to protect that individual against retaliation.

6. The HJHC's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility reports that a case manager is responsible for monitoring the inmate who made an allegation or indicated fear of retaliation for cooperating with an investigation. The Security Major would be responsible for monitoring staff. The interview with the case manager revealed that she is responsible for weekly monitoring of the inmate population in her normal course of duties. The form entitled Forensic/Program Units Weekly Review is used. She indicated she would also document during this process any need for retaliation monitoring. There is a separate form for this function – PREA Monitoring that addresses all the provisions of the standard to include that it starts following a report, it is conducted for at least 90 days, it includes periodic checks, items reviewed include disciplinary reports, housing or program changes, negative performance reviews (staff) reassignments (staff)

Finding of compliance is based on the following: Interview with the designated retaliation monitor supported compliance based on responses to questions, experience at the facility and the process used for accomplishing this task. The interviews with the Sheriff, Superintendent, and PREA Coordinator support that the facility will protect anyone who fears retaliation. The physical plant affords numerous options to change housing, if needed. In an extreme event, they can make arrangements with another county jail to have him placed there. The policy above is applicable to both the Jail and House of Correction and Regional Lockup.

115.171	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2M Criminal and Administrative Investigations · Notice of Allegations of Sexual Assault/Abuse/Harassment form · PREA Investigation report form/Table of Contents · Observations · Interviews Investigative staff · Interview with the Superintendent · Interview with the PREA Coordinator · Retention schedule · PAQ <p>PAQ indicates no substantiated allegations of conduct that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.</p> <p>6.3.2M Criminal and Administrative Investigations</p> <p>Criminal and Administrative Agency Investigations</p> <ol style="list-style-type: none"> 1. When HJHC conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 2. Where sexual abuse is alleged, the HJHC shall use investigators who have received special training in sexual abuse investigations pursuant to HSO 7.2.17 Specialized Training PREA Investigators (115.34). 3. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. 4. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. 5. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 6. Administrative investigations: <ol style="list-style-type: none"> a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. 9. The agency shall retain all written reports referenced in sections 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 10. The departure of the alleged abuser or victim from the employment or control of the HJHC shall not provide a basis for terminating an investigation.

11. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The Notice of Allegations of Sexual Assault/Abuse/Harassment form, attached to the policy, helps ensure that all investigations are conducted promptly. All staff confirmed they will immediately notify the supervisor of any allegations, suspicions, or reports, including those received third party or anonymously.

All six designated investigators have received specialized training. See 115.34

The interview with the investigator confirmed that any relevant evidence is gathered to include physical, DNA electronic monitoring data and interviews of all parties who may have relevant information. Investigative files can be reviewed to determine if there are previous allegations involving any of the inmates involved.

The interview with the investigator confirmed that he concludes credibility on the collaborating evidence. He confirmed that polygraph or truth telling devices are not used. The investigator confirmed they would be consulted before conducting compelled interviews. He also conducts internal affairs investigations. He indicated he would automatically review the investigation to determine if staff actions or failures contributed to the abuse. He confirmed, although it would be a unique situation, if the Massachusetts State Police investigated, he would cooperate with them and would remain informed on the progress. The interview with the Sheriff/Superintendent confirmed this as well. Finally, the investigator confirmed that an investigation would continue even if the alleged victim or alleged abuser was no longer at the facility.

The facility reports they have not had a sexual abuse or sexual harassment allegation in over two years. Investigation files from prior to the time was provided to the auditor for review. Investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. This format is established in the specialized investigator training received. Evidence collected would remain preserved with the investigation file, when feasible. The PREA Investigation report form/Table of Contents provides evidence that the reports are completed in a standardized logical format.

Finding of compliance is based on the following: As noted above, policy mandates compliance with the requirements of the standard. The interview with the investigator confirmed compliance with the requirements. Investigators at this agency address any allegations at the Jail, House of Correction and Regional Lockup.

115.172	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 6.3.2M Criminal and Administrative Investigations · Interviews Investigative staff <p>6.3.2M Criminal and Administrative Investigations</p> <p>Evidentiary standard for administrative investigations</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the investigator confirmed this standard of evidence would be used when determining the outcome of an investigation.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above as well as the interview with the investigators support compliance with this standard.</p>

115.176	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, domestic Violence and Stalking · Observations · PAQ <p>The PAQ indicates that no staff have been terminated, nor referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy. The auditor found no reason to dispute this during the audit process.</p> <p>7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking</p> <p>Disciplinary Sanctions for Staff</p> <ol style="list-style-type: none"> 1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 2. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 3. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. <p>Additionally, dialogue with the Sheriff/Superintendent, investigator, and PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse.</p> <p>Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no staff have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Sheriff and Superintendent support that these requirements will be followed.</p>
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115.177	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking · Interviews Sheriff/Superintendent · PAQ <p>The Pre-Audit Questionnaire notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an inmate. The auditor found no evidence to dispute this statement during the audit process.</p> <p>7.5.3 Zero Tolerance for Sexual Abuse, Assault, Harassment, Domestic Violence and Stalking</p> <p>Corrective Action for Contractors and Volunteers</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Finding of compliance is based on the following: Policy excerpts quoted above meet the requirements of the standard. The PAQ notes that no volunteers or contractors have been terminated for sexual abuse or sexual harassment towards an inmate in the past 12 months. The auditor found no evidence to dispute this during the audit process. Interviews with the Sheriff/Superintendent supported that these requirements will be followed.</p>

115.178	Referral for prosecution for detainee-on-detainee sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1286 297">The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="242 329 715 412" style="list-style-type: none"> <li data-bbox="242 329 715 356">· Policy Directive Regional Lockup Facility <li data-bbox="242 385 715 412">· Interview with the Sheriff/Superintendent <p data-bbox="242 443 1477 672">The Regional Lockup policy states the following: When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, the agency shall refer the matter to the appropriate prosecuting authority. (b) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall inform the investigating entity of this policy. (c) Any State entity or Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups shall be subject to this requirement. Finding of compliance is based on the policy. The facility conducts its own investigations of allegations of sexual abuse. The interview with the Sheriff/Superintendent confirmed that any cause to believe that sexual abuse occurred will be referred to the prosecuting attorney.</p>

115.182	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

- 4.3.5M Emergency Health Care Services
- 4.3.10M Mental Health Program
- Observations made during the tour
- Interviews medical and mental health staff
- Facility Coordinated Response Plan

4.3.5M Emergency Health Care Services

Sexual Assault/Abuse

1. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to HSO 2.1.20M Authorization to Segregate and shall immediately notify the appropriate medical and mental health practitioners.
3. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

4.3.10M Mental Health Program

HJHC shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

HJHC shall provide such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in paragraph (I) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

It was reported that medical staff are on duty 24 hours a day, seven days a week. The auditor found this credible. Policy requires that they be immediately notified if a report of sexual abuse is made.

Policy supports the requirement of the standard. There was no reported incident that warranted post sexual abuse treatment in the previous 12 months as reported by the facility. The auditor found this information credible. The interview with the health services staff confirmed this would occur.

601.14 Unimpeded Access to Health Care states, Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The Pre-Audit Questionnaire reports that there have been no incidents in the previous 12 months that warranted emergency medical treatment. The auditor found no reason to dispute this statement based on all observations made during the audit process. Interviews supported that the provision requirements would be met.

115.186	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 4.4.18 PREA Data Collection, Review, Storage · Sexual Abuse Incent Review form · Interview with members of the Sexual Abuse Incident Review Team · Interview with the Superintendent <p>(a)(b)(c) (d) (e) 4.4.18 PREA Data Collection, Review, Storage Sexual abuse incident reviews</p> <ol style="list-style-type: none"> 1. The HJHC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. 2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 3. The review team shall include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners and other appropriate staff. 4. The review team shall: <ol style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs A. 4. a – e of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. 5. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. <p>A form has been developed which would be used which addresses all the requirements of the standard. Interviews with members of the review team (investigator and the PREA Coordinator) confirmed that the requirements of the standard are all considered when conducting the review.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above interview with the PREA Coordinator and investigator and review of the form.</p>

115.187	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Definitions · Interview PREA Coordinator · Annual Report 2020 <p>518.20 Data Collection/Analysis is as follows:</p> <p>Data collection</p> <ol style="list-style-type: none"> 1. The HJHC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 2. The HJHC shall aggregate the incident-based sexual abuse data at least annually. 3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 4. The HJHC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 5. Upon request, the HJHC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. <p>Policy supports the requirements of the standard. The interview with the PREA Coordinator confirmed that he last received a request for the Survey on Sexual Victimization in 2018. The policy provides the following definitions:</p> <p>DEFINITIONS AND TYPES OF SEXUAL HARASSMENT AND ABUSE: A. Sexual Harassment Includes: 115.6 1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another, and 115.6 2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. 115.6 3. Sexual harassment is a form of sex discrimination. Sexual harassment in the workplace and retaliation for reporting or cooperating with a sexual harassment investigation are unlawful under both state and federal law. The Equal Employment Opportunity Commission's guidelines provide that unwelcome sexual advances, requests for sexual favors and other physical or verbal conduct of a sexual nature constitute harassment when: a. submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of an individual's employment; or b. submission to or rejection of such advances, requests or conduct by the individual is used as the basis for an employment decision affecting the individual; or c. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, humiliating or sexually offensive work environment. 2. Sexual harassment is not limited to conduct by a male employee towards a female employee. The victim of sexual harassment may be either male or female. Likewise, a harasser may be male or female. 3. Sexual harassment is not, by definition, limited to prohibited conduct by a supervisor or manager towards an employee. It can also involve conduct by one employee towards a co-worker or, in some circumstances; it may even involve a non-employee as the harasser or the victim of harassment. B. Types of Sexual Harassment There are two types of sexual harassment: 1. Quid Pro Quo Harassment – ("Giving something to get something") – occurs when a job benefit (i.e., continued employment, promotion, wage increase, performance review, hours of work, time off, etc.) is tied to an employee's submission to or rejection of sexual conduct or behavior. 2. Hostile Environment Harassment – Verbal or physical conduct of a sexual nature which is unwelcome and sufficiently severe or pervasive so as to alter the conditions of the employee's employment and create an intimidating, hostile or offensive working environment. C. Examples of Types of Conduct Which May Constitute Sexual Harassment The following examples are intended to provide a broad overview, not an exhaustive list, of the types of conduct which can constitute sexual harassment. 1. Supervisor indicates to a subordinate that the subordinate's performance review will be affected by whether or not the subordinate is willing to date the supervisor. 2. Supervisor tells an employee that he/she could be promoted if he/she grants certain sexual favors to the supervisor. 3. Manager demotes an employee because the employee refuses to share a bed with the manager during an out of town conference. 4. An employee is subjected to sexual remarks and/or whistles upon each visit to a particular work department. Over a period of time, the employee becomes reluctant to enter that department making it difficult for the employee to properly perform his/her duties. D. Other Examples of Conduct That Violates the Policy Be advised that our policy prohibits conduct or behavior of a sexual nature that may be beyond what is prohibited by law. The</p>

following are some other examples of conduct that violates facility policy and in some instances may violate the law as well:

1. Staring, leering or ogling a person's body.
2. Having sexually suggestive objects or materials (i.e., magazines, posters, cartoons, post cards, calendars, pictures, tapes, etc.) in the workplace, while on duty or at facility sponsored events.
3. Making sexual gestures or body motions.
4. Transmitting or accessing sexually explicit materials by computerized or other means.
5. Making sexual comments or telling sexual jokes or stories.
6. Touching, pinching, groping, kissing or patting the body of another person.
7. Repeatedly asking a person for a date or to socialize outside of work after being informed such conduct is unwelcome.
8. Exerting pressure on another person for sex or a romantic relationship.
9. Following, "shadowing" or stalking a person.
10. Commenting on a person's sex life.

These definitions are consistent with those included in the PREA standards.

As indicated, this facility does not contract with a private facility. The interview with the PREA Coordinator confirmed that data is collected from sexual abuse investigations, risk assessments and incident reviews.

Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low; specifically, there have been no allegations received in the last two years. To further support credibility of this, the auditor was provided incident reports which after review, concluded that there have not been any allegations of sexual abuse or sexual harassment. Additionally, the overall onsite audit experience provided the auditor no reason to dispute this.

115.188	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Observations · Interview with the Sheriff · Interview PREA Coordinator · Link to website · Annual Report on Sexual Victimization 2015 to 2020 <p>518.20 Data Collection/Analysis is as follows:</p> <p>Data review for corrective action</p> <p>The HJHC shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ol style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the HJHC as a whole. <p>Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the HJHC's progress in addressing sexual abuse. The HJHC's report shall be approved by the Sheriff or designee and made readily available to the public through its website</p> <p>The HJHC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The interview with the Sheriff confirmed that incident based sexual abuse data is used to assess and improve prevention, detection and response policies. He confirmed that he does approve the reports. The auditor reviewed the report for 2020. The report includes a comparison of data. No information required redaction.</p> <p>Th auditor reviewed the website Prison Rape Elimination Act - Northampton, MA Sheriff's Office - Hampshire County House of Corrections (hampshiresheriffs.com) and found access to the reports for 2015, 2016, 2017,2018, 2019 and 2020.</p> <p>Finding of compliance is based on the following: Policy excerpts noted above support a finding of compliance. The annual report is located on the website. Assessment of comparisons reveal little information but affirms that allegations are low, supporting that staff excel at prevention in the facility. The interview with the Sheriff supports the process and use of the information. He confirmed he approves the report.</p>

115.189	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · 518.20 Data Collection/Analysis · Interviews PREA Coordinator · Documentation that it is on the website · Historical data since 2015 <p>518.20 Data Collection/Analysis states,</p> <p>Data storage, publication, and destruction.</p> <p>The HJHC shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>The HJHC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>Before making aggregated sexual abuse data publicly available, the HJHC shall remove all personal identifiers.</p> <p>The HJHC shall maintain sexual abuse data collected pursuant to § 115.87 for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.</p> <p>Finding of compliance is based on the following: Policy supports the requirements of the standards. The interview with the PREA Coordinator supports that data is securely maintained and will be maintained for the required 10 years. In addition, data is available on the website for the years 2015, 2016, 2017, 2018, 2019 and 2020.</p> <p>Based on the above, the auditor finds this standard to be in compliance.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 695 300">Audit Narrative (including Audit Methodology)</p> <p data-bbox="240 331 1485 524">On September 30 and October 1, 2021, an audit was conducted at the Hampshire County Sherriff's Office Regional Lockup to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. An audit was simultaneously conducted at the Jail and House of Correction operation located in the location. The auditor was present at the facility from 7:30am to 5:30pm Thursday, and 7:43am to 3:30pm Friday. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to an informal request, submitting a contract proposal, and being selected to complete the audit.</p> <p data-bbox="240 555 437 582">Audit Methodology:</p> <p data-bbox="240 613 1485 739">The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) Pre-Audit Questionnaire (PAQ), B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2021 was used to guide the audit process.</p> <p data-bbox="240 770 344 797">Pre-audit:</p> <p data-bbox="240 828 1493 990">The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on September 21, 2021, announcing the audit and identifying the auditor's address in English and Spanish. The posters indicated that any correspondence sent to the auditor would be confidential and not disclosed unless required by law. The exceptions in the law were noted. No confidential correspondence letters were received in response to the posters announcing the audit.</p> <p data-bbox="240 1021 1430 1079">The PAQ and corresponding documentation was received in September 2021. Documentation was provided to support compliance which was reviewed prior to the on-site audit.</p> <p data-bbox="240 1111 1469 1236">The Agency website was reviewed. It states, The Dukes County Sheriff's Office is committed to Zero Tolerance prevention and elimination of sexual abuse perpetrated against inmates by staff members or other inmates. Meeting the objectives set forth within the Prison Rape Elimination Act of 2003 is an important priority for the Sheriff's Office and an ongoing focus for staff efforts at all levels of our organization.</p> <p data-bbox="240 1267 1481 1326">The auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of Massachusetts prior to the audit.</p> <p data-bbox="240 1357 1461 1460">The auditor researched the Internet and found no concerning articles related to this operation, nor any evidence of Department of Justice (DOJ) involvement. Contact was made with Just Detention International, Inc. (JDI) and Prison Legal Services for Massachusetts. No specific information was provided regarding any concerns they have about the facility.</p> <p data-bbox="240 1491 1469 1581">One week prior to visiting the audit, the auditor sent a list of documentation that would be required to conduct the random and targeted interviews in accordance with the Auditor Handbook as well as requests for randomly selected documentation which would demonstrate the practice of the requirements.</p> <p data-bbox="240 1612 376 1639">On-site audit:</p> <p data-bbox="240 1671 419 1697">Entrance Meeting</p> <p data-bbox="240 1729 1493 1854">A brief informal meeting was held with the PREA Coordinator, and the PREA Compliance Manager the first day of the audit. The following items were reviewed: purpose of audit, goals, and expectations. Tentative schedules were developed regarding the tour, arrangements made for interviews and review of addition documentation. Rosters of staff were provided. Two detainees were housed in the lockup during the audit. A plan for interviews was developed.</p> <p data-bbox="240 1886 368 1912">Facility Tour</p> <p data-bbox="240 1944 1493 2136">A complete tour of the facility was conducted on September 30, 2021. The following areas and operations were visited and observed: administrative areas, holding cells, medical operations, food service area, laundry and intake processing. All areas of the facility were visited that have detainee access. Camera monitoring operations were observed. Supervision practices, blind spots, shower/bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditor entering the living units. Posters announcing the audit were observed throughout the facility.</p>

Staff Interviews

In accordance with the requirements of the Auditor Handbook and the auditor's request, formal staff interviews were conducted with the following:

- Sheriff
- Superintendent/Special Sheriff
- Assistant Superintendent
- PREA Coordinator
- PREA Compliance Manager (PCM)
- Case manager (who conducts retaliation monitoring)
- Medical staff, RN
- Mental health staff - contractual
- Human Resources staff
- Twelve corrections officers/sergeants/lieutenants from all areas of the facility and each shift
- One investigator (incident review team)
- Volunteer Coordinator
- Grievance Coordinator

Staff interviews were conducted in private offices. After review of documentation and informal questions

throughout the on-site audit, it was concluded that no staff had conducted a cross-gender strip search, no staff has acted as a first responder.

Detainee Interviews

A review of inmate records was conducted with the assistance of the PREA Coordinator to identify inmates/detainees as required by the Auditor Handbook. A total of ten inmates who were detainees at the Lockup but now housed at the Jail and House of Correction were selected to be interviewed. Two detainees were interviewed who had been processed through the Regional Lockup the previous night. This represented all inmates/detainees housed in the facility at the time of the audit. None declined to be interviewed. No youthful offenders are housed at this facility. No targeted detainees/inmates were available to be interviewed. Inmate/detainee interviews were held in a private room.

PREA Investigations

Investigations are conducted by trained investigators at the facility. The facility reported no investigations had been conducted as no allegations of sexual abuse/harassment were received. Additionally, the auditor was provided documentation of critical incidents occurring in the previous 12 months to support that no allegations of sexual abuse/harassment has occurred.

Exit meeting

An Exit meeting was held with the PREA Coordinator and PREA Compliance Manager to review audit experiences, observations and preliminary findings. The auditor reported that she was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see or retain any documentation requested. It was noted that a preliminary report should be expected within forty-five (45) days. Areas needing correction or changed per recommendations were reviewed and noted in the report.

Post on-site audit:

Documentation gathered was reviewed for compliance with the standards. Corrective action was identified and sent to the facility on an interim report.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	See comments to 115.401.

Appendix: Provision Findings		
115.111 (a)	Zero tolerance of sexual abuse and sexual harassment	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.111 (b)	Zero tolerance of sexual abuse and sexual harassment	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its lockups?	yes
115.112 (a)	Contracting with other entities for the confinement of detainees	
	If this agency is law enforcement and it contracts for the confinement of its lockup detainees in lockups operated by private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the law enforcement agency does not contract with private agencies or other entities for the confinement of detainees.)	na
115.112 (b)	Contracting with other entities for the confinement of detainees	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the law enforcement agency does not contract with private agencies or other entities for the confinement of detainees OR the response to 115.112(a)-1 is "NO".)	na
115.113 (a)	Supervision and monitoring	
	Does the agency ensure that it has developed for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it has documented for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The physical layout of each lockup?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the detainee population?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.113 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the lockup document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.113 (c)	Supervision and monitoring	
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: 1. The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The lockup's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The resources the lockup has available to commit to ensure adequate staffing levels?	yes
115.113 (d)	Supervision and monitoring	
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Continuous direct sight and sound supervision?	yes
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Single-cell housing or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible?	yes
115.114 (a)	Juveniles and youthful detainees	
	Are juveniles and youthful detainees held separately from adult detainees? (N/A if the facility does not hold juveniles or youthful detainees (detainees <18 years old).)	na
115.115 (a)	Limits to cross-gender viewing and searches	
	Does the lockup always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.115 (b)	Limits to cross-gender viewing and searches	
	Does the lockup document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
115.115 (c)	Limits to cross-gender viewing and searches	
	Does the lockup implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the lockup require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing?	yes
115.115 (d)	Limits to cross-gender viewing and searches	
	Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status?	yes
	If a detainee's genital status is unknown, does the lockup determine genital status during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.115 (e)	Limits to cross-gender viewing and searches	
	Does the agency train law enforcement staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the agency train law enforcement staff in how to conduct searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.116 (a)	Detainees with disabilities and detainees who are limited English proficient	
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Detainees who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Detainees who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Detainees who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Detainees who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Detainees who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in the overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with detainees who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: are blind or have low vision?	yes

115.116 (b)	Detainees with disabilities and detainees who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.116 (c)	Detainees with disabilities and detainees who are limited English proficient	
	Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.164, or the investigation of the detainee's allegations?	yes
115.117 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: o Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
115.117 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees?	yes
115.117 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with detainees, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with detainees, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.117 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with detainees?	yes

115.117 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees?	yes
115.117 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.117 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.117 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.118 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new lockup or planned any substantial expansion or modification of existing lockups, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.118 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect detainees from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.121 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse in its lockups, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.121 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.121 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.121 (d)	Evidence protocol and forensic medical examinations	
	If the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, does the agency permit the detainee to use such services to the extent available, consistent with security needs?	yes
115.121 (e)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.122 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.122 (b)	Policies to ensure referrals of allegations for investigations	
	If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse and sexual harassment in its lockups, does the agency have a policy in place to ensure that such allegations are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na
	Has the agency published such policy, including a description of responsibilities of both the agency and the investigating entity, on its website or, if it does not have one, made the policy available through other means? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na
	Does the agency document all such referrals? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na
115.131 (a)	Employee and volunteer training	
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: Its zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and sexual harassment in confinement, including which detainees are most vulnerable in lockup settings?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.131 (b)	Employee and volunteer training	
	Have all current employees and volunteers who may have contact with detainees received such training?	yes
	Does the agency provide each employee and volunteer with annual refresher information to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
115.131 (c)	Employee and volunteer training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.132 (a)	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy	
	During the intake process, do employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
115.132 (b)	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy	
	Does the agency ensure that, upon entering the lockup, all contractors and any inmates who work in the lockup are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
115.134 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees and volunteers pursuant to §115.131, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
115.134 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
115.134 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
115.141 (a)	Screening for risk of victimization and abusiveness	
	If the lockup is not utilized to house detainees overnight, before placing any detainees together in a holding cell do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused? (N/A if the lockup is utilized to house detainees overnight.)	yes
	When appropriate, do staff take necessary steps to mitigate such danger to the detainee? (N/A if the lockup is utilized to house detainees overnight.)	yes
115.141 (b)	Screening for risk of victimization and abusiveness	
	If the lockup is utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees? (N/A if lockup is NOT used to house detainees overnight.)	yes
115.141 (c)	Screening for risk of victimization and abusiveness	
	In lockups described in paragraph (b) of this section, do staff always ask the detainee about his or her own perception of vulnerability? (N/A if lockup is NOT used to house detainees overnight.)	yes

115.141 (d)	Screening for risk of victimization and abusiveness	
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability. (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The age of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The physical build and appearance of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has previously been incarcerated? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The nature of the detainee's alleged offense and criminal history? (N/A if lockup is NOT used to house detainees overnight.)	yes
115.151 (a)	Detainee reporting	
	Does the agency provide multiple ways for detainees to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple ways for detainees to privately report: Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple ways for detainees to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.151 (b)	Detainee reporting	
	Does the agency also provide at least one way for idetainees to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the detainee to remain anonymous upon request?	yes
115.151 (c)	Detainee reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment ?	yes
115.151 (d)	Detainee reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees?	yes

115.154 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment in its lockups?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee?	yes
115.161 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in an agency lockup?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported such an incident?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.161 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, and investigation decisions?	yes
115.161 (c)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.161 (d)	Staff and agency reporting duties	
	Does the agency report all allegations of sexual abuse, including third-party and anonymous reports, to the agency's designated investigators?	yes
115.162 (a)	Agency protection duties	
	When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the detainee?	yes
115.163 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a detainee was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.163 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.163 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.163 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.164 (a)	Staff first responder duties	
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.164 (b)	Staff first responder duties	
	If the first staff responder is not a law enforcement staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify law enforcement staff?	yes
115.165 (a)	Coordinated response	
	Has the agency developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to a lockup incident of sexual abuse?	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law and unless the victim requests otherwise, inform the receiving facility of the incident and the victim's potential need for medical or social services?	yes
115.165 (b)	Coordinated response	
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the incident unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the victim's potential need for medical or social services unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	yes
115.166 (a)	Preservation of ability to protect detainees from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.167 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.167 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.167 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees or staff who have reported sexual abuse?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Act promptly to remedy any such retaliation?	yes
115.167 (d)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.171 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).)	yes
115.171 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.134?	yes
115.171 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.171 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.171 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as detainee or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.171 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.171 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.171 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.171 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.171(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.171 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the lockup or agency does not provide a basis for terminating an investigation?	yes
115.171 (l)	Criminal and administrative agency investigations	
	When outside agencies investigate sexual abuse, does the agency cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
115.172 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.176 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.176 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.176 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.176 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: o Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.177 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.177 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with detainees?	yes
115.178 (a)	Referral for prosecution for detainee-on-detainee sexual abuse	
	When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?	yes
115.178 (b)	Referral for prosecution for detainee-on-detainee sexual abuse	
	If the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy? (N/A if the agency/facility is responsible for administrative and criminal investigations. See 115.121(a).)	yes
115.182 (a)	Access to emergency medical and mental health services	
	Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment?	yes
115.182 (b)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.186 (a)	Sexual abuse incident reviews	
	Does the lockup conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.186 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.186 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors and investigators?	yes

115.186 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the lockup?	yes
	Does the review team: Examine the area in the lockup where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.186(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator?	yes
115.186 (e)	Sexual abuse incident reviews	
	Does the lockup implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.187 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at lockups under its direct control using a standardized instrument and set of definitions?	yes
115.187 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.187 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, or any subsequent form developed by the Department of Justice and designated for lockups?	yes
115.187 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.187 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees? (N/A if the agency does not contract for the confinement of its detainees.)	na
115.187 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.188 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each lockup, as well as the agency as a whole?	yes
115.188 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.188 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.188 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a lockup?	yes
115.189 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.187 are securely retained?	yes
115.189 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from lockups under its direct control and any private agencies with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.189 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.189 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.187 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes